

Overdose Prevention and Pain Management Advisory Council

MEETING MINUTES

DATE: June 22, 2018

TIME: 1:30PM TO 3:30PM

LOCATION: NM Scientific Laboratories Building, Albuquerque

MEETING FACILITATOR: Michael Landen, DOH

COUNCIL MEMBERS PRESENT:

Ernie Dole
Lynda Ann Green
Steve Jenkusky
Joanna Katzman
Michael Landen
Cheranne McCracken
Michael Pendleton
Clare Romero
Steven Seifert

ABSENT:

Bill Barkman
Hank Beckerhoff
Jason Flores
Robert Geist
Frances Lovett
Ralph McClish
Jennifer Weiss-Burke

QUORUM: Yes

OTHER PARTICIPANTS: Michael Pridham, Wayne Lindstrom, Shirley Scott, Annaliese Mayette, Kathryn Lowerre, Susan Seefeldt, Troy Weisler, Ihsan Mahdi, Brenda McKenna, Harris Silver, Danelle Callen, Evonne Gantz, Sasha Poole, Jerry Montoya, Toby Rosenblatt, Roxanne Grajeda, Sara Thorp, Mark Clark, Anwar Walker, Jenna Burt, Adrienne Garcia, Beau Hightower, Eloy Martinez, Branden Warrick, John Battisti, Karen Cheman, Maureen Wilks, Chris Trujillo, Kenny Vigil, Kassy Aragon, Dave Pitcher, Neel Roy, Margy Wienbar, Demetrius Chapman, Beth Landon, Tracy Hardy, Kari Cruz

- I. Review of Agenda-Michael Landen, DOH
- II. Review of April 13, 2018 Advisory Council Meeting Minutes-Michael Landen, DOH
Minutes approved.
- III. Reminders from Senate Bill 29-Michael Landen, DOH
 - a. 5 council positions added. Nominations need to be submitted for Addiction Specialist, Department of Public Safety, Harm Reduction Specialist, Human Services Department and Third-Party Payer
- IV. Attendee voiced concerns about new opioid prescribing limiting and/or preventing access for those in need
- V. Pain Survey Results-Ihsan Mahdi; MD, MPH
 - a. Troy Weisler-group completing surveys?
 - i. Phone based survey
 - b. Questions about goals?
 - i. Not one of the questions
 - c. Demographic info around chronic illness and disease?
 - i. Is collected, not given demographic data for this
 - d. A request for an expansion of the information to be presented at the next council meeting was agreed upon

VI. Integrative Treatment Presentations

- a. Acupuncture-Ernest Dole; PharmD, PhC, FASHP, BCPS Clinical Pharmacist
 - i. Discussed the effectiveness of Auricular Acupuncture (AA) and Battlefield Acupuncture (BFA) in the treatment of chronic non-cancer pain
 - ii. It is adjunct to traditional acupuncture and not dependent on traditional Chinese medicine theory
 - iii. Provided research study summaries on the decline in pain severity for chronic lower back pain, neuropathic pain due to spinal cord injury and neck pain may concluding that chronic pain patients where medications do not provide relief may benefit from the nonpharmacological alternatives of AA or BFA
- b. Chiropractic-Michael Pendleton; DC-APC, CCSP, DACNB, FABBIR
 - i. Explained what chiropractic medicine is
 - ii. Discussed modalities used in treatments and how manipulation works from a neurophysiological perspective
 - iii. In addition to the Veterans Administration, some Federally Qualified Health Centers (FQHC) have begun residency programs for chiropractic services based on the recommendation of the U.S. Surgeon General
 - iv. As of January 2015 the joint commission is now accrediting hospitals who have pain management alternatives in their facilities
 - v. 27 state Medicaid programs reimburse chiropractic physicians but New Mexico does not although Senate Memorial 070 requested this be explored in 2016
 - vi. State have implemented policies to prioritize chiropractic and other complementary therapies over painkillers (West VA & OR) or surgery for patients with back pain (OR)
 - vii. 80% of Americans experience back pain in the course of their lives with treatment costs more than \$50 billion per year
 - viii. Problem at Veterans Administration – influx of patients because PCP’s don’t want to deal with medication. VA has access to alternative pain people but are having difficulty getting patients in. There is limited availability. Nobody offered alternative pain management before these patients became used to taking opioids so offering and following through with alternative pain management is an obstacle.
 - ix. Trigger point pain management clinic will be closing at the Veterans Administration.
- c. Naprapathy-Beau Hightower; DAAPM, DC, MS, CSCS, CES
 - i. Naprapathy treats stress, aches and pains without medication presenting a zero risk of pain medication addiction
 - ii. Naprapathy treats the cause of the pain not just the symptoms
 - iii. Costs and Reimbursement Concerns
 1. Not covered by Medicare or Medicaid right now. State of NM Employees Plan restricted coverage
 2. Only two states with licensed Naprapathic Medicine programs-IL and NM
 - iv. How many doctors?
 1. Approximately 35 in NM

VII. Medical Cannabis for Chronic Pain Presentation- Jenna Burt; MPH

- a. Discussed Lynn and Erin Compassionate Use Act which allows for the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and treatments
- b. Discussed purpose of Medical Cannabis Program (MCP) and Medical Cannabis Advisory Board
- c. Provided information on qualifying conditions and qualified patients
- d. Provided overview of endocannabinoid system and clinical data available to support the use of cannabis to treat symptoms related to serious medical conditions and or symptoms that are unrelieved by other means

- e. Provided information on the opioid-sparing effect that cannabinoids co-administered with opioids enable reduced opioid doses while maintaining adequate pain control

VIII. Update on Alternative Pain Committee Presentation-Harris Silver, M.D.

- a. Illustrated risk of continued opioid use increasing at 4-5 days, multiple opioid-related risk factors, acute opioid overdose (OD) survival can require ED visit, hospitalization and/or ICU admission from complications and elderly risk for hip fractures
- b. Cost of opioid use disorder (OUD) being 8.7 X's higher than non-addicted patients
- c. Multidisciplinary Integrative Approach
 - i. Often provides results in synergy of pain relief
 - ii. Reduces or eliminates the need for opioids in acute and chronic pain
 - iii. Decrease the risk of acute opioid use becoming chronic opioid use
 - iv. Reduces the risk of development of OUD and further complications
- d. Ongoing concerns about lack and/or limitations in coverage by Medicare, Medicaid and Third-Party Payers
- e. Name change to Integrative Pain Management Committee
- f. Committee met via phone conference-communication proceeding via phone conferences & email
- g. Guideline recommendations being developed
- h. White paper to be final outcome

IX. Update on Benzodiazepines Prescribing Committee-Dr. Steven Jenkusky

- a. Committee met and guideline recommendations are being developed

X. Discussion Topic-Narcan dispensing through ED Visit

- a. Three EDs (Christus St. Vincent, Presbyterian and UNMH) attempting to put process in place
- b. Discussion around capability of CYFD to distribute naloxone for parents with SUD
- c. OTPs still reluctant to distribute naloxone

XI. Next Meeting

August 24, 2018

1:30 to 3:30 PM

Scientific Laboratories Building Albuquerque, NM

Topic: Continuation of this meeting Topics